Rhode Island Department of Health (HEALTH)
Office of Communicable Diseases
3 Capitol Hill-Room 106
Providence, RI 02908-5097

Disease Report Form

(For HIV/AIDS, STD and TB use disease-specific form)

To report or to request forms:
Phone: (401) 222-2577
After hours reporting: 401) 272-5952
Fax: (401) 222-2477; (401) 222-2488
Website: www.health.ri.gov

Name of Patient (Last) (First) (MI) Patient's Home Address (No. and Street)

(City or Town) State Zip code Birth date Age Patient's Telephone:

Select __ __/__ __/__ __ __ __ (__ __ __) __ __ __- __ __ __ __

Race: American Indian/Alaskan Native; Asian; Black or African American; Native Hawaiian/Other Pacific Islander; White; Unknown

Hispanic or Latino: Yes; No; Unknown

Sex: Male; Female; Unknown

Did patient die of this illness? Yes; No; Unknown

Is patient a: (please check)
Health Care Worker; Day Care Worker/ Day Care Attendee; Student; Foodhandler

If yes, name and address of workplace, school or day care:

Name of disease: Clinical Onset Date Lab Diagnosis Date

_____ / / / /

Confirmatory laboratory data, immunization status (esp. for pneumococcal and meningococcal invasive disease), dates and comments (be specific):

Reporting provider's name and address:

Phone Number: (_____) _____

If hospitalized, date admitted: / /	Hospital (Name, City, State):	Patient Medical Record #

Additional comments:

(Please print)

Name of person completing report for provider:

Address: _____

Telephone: (_____) _____ Report Date: / /

Viral Hepatitis

IgM anti-HAV	Positive	Negative	Not Done	
HBsAg	Positive	Negative	Not Done	
IgM anti-HBc	Positive	Negative	Not Done	
Chronic HbsAg carrier	Yes	No	Unknown	
ELISA anti-HCV	Positive	Negative	Not Done	
RIBA--HCV	Positive	Negative	Indeterminate	
RT-PCR HCV		Genotype		
Liver Function Tests:	SGOT (AST):	SGPT (ALT):	Bilirubin:	
Sexual preference	Heterosexual	Homosexual	Bisexual	Unknown
History of IV drug use	Yes	No	Unknown	
Pregnancy status	Yes- Patient is pregnant	Sexual partner is pregnant	Unknown	

Lyme Disease

ERYTHEMA MIGRANS:			
Physician diagnosed EM 5 cm (2 in)?	Yes	No	Unknown
RHEUMATOLOGIC			
Arthritis (objective joint swelling)	Yes	No	Unknown
NEUROLOGIC			
Bell's palsy or other cranial neuritis?	Yes	No	Unknown
Radiculoneuropathy?	Yes	No	Unknown
Lymphocytic meningitis?	Yes	No	Unknown
Encephalitis/Encephalomyelitis?	Yes	No	Unknown
Antibody to *B. burgdorferi* higher in CSF than serum?	Yes	No	Unknown
CARDIOLOGIC			
2nd or 3rd degree AV block?	Yes	No	Unknown
OTHER HISTORY			
Name of antibiotic used this episode?			
LYME VACCINE			
Was patient vaccinated?	Yes	No	Unknown
If yes, specify number of doses:			
Indicate date(s) vaccinated:	__/__/__	__/__/__	__/__/__

LYME DISEASE LABORATORY REPORT

Elisa (EIA)	Positive	Negative	Equivocal	Not Done
IFA	Positive	Negative	Equivocal	Not Done
Western Blot	Positive	Negative	Equivocal	Not Done